



Iowa National Archery in the Schools
Program (NASP)
2009 Invitational League and State
Championships Team REGISTRATION



The **Iowa National Archery in the Schools Program** invitational league will run from January 1 through February 28, 2009 with invitational shoot locations around the state. The 2009 state championship event will be conducted on March 7th in Des Moines. This form is required for schools participating in the 2009 league or state championship events. **The form is not required for schools running the NASP as part of the school curriculum only.** This form must be completed and returned no later than two weeks prior to the team's first invitational event or February 13, whichever date occurs first.

Team Name _____

HEAD COACH'S INFORMATION – Note: All coaches must pass a criminal background check conducted by the DNR. All personal information will remain confidential.

Full First Name _____ Last Name _____

Home Address (no PO Boxes) _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Home Phone (_____) _____

Cell Phone (_____) _____ *E-mail address _____

Birth date (mm/dd/yr): ____/____/____ School Coaching _____

Shirt Size (S, M, L, XL, 2x, 3x) _____ Gender: ☐ Male / ☐ Female

****Email will be our primary form of contact. The Head Coach's email address specified here will be our primary contact location. If any of your contact information does change, please notify the Iowa DNR with the update(s) as soon as possible. Head Coaches contact info will be posted on www.iowadnr.gov so prospective coaches looking for a nearby program to participate in an invitational league event may be contacted. Contact info will consist of your name, home or cell phone information, email address, city and state. The following check boxes give you the option to opt out of one or more of these contact fields.***

☐ Do not post home phone number
☐ Do not post cell phone number

☐ Do not post email address
☐ Do not post any of my information

Home Practice Facility Name and Address

Name: _____

Facility's Physical Address (no PO Boxes): _____

City _____ State _____ Zip _____

Contact Person _____ Daytime Phone (_____) _____

Team Name and Head Coach's Last Name: _____

2009 NASP Iowa State Championship Team Roster

☐ Elementary ☐ Middle School ☐ High School

Flight Choice (Indicate 1st, 2nd, 3rd and 4th choices)

10:00 to Noon _____ Noon to 2:00 _____ 2:00 to 4:00 _____ 4:00 to 6:00 _____

TEAM MEMBER INFORMATION:

COACHES: DO NOT list any name on this form unless a completed Parental Consent Form is completed. The completed parental consent form is required for each participant's registration. Those who are 18 or older may sign their own consent forms, but the form is still required.

1. First Name _____ Last Name _____
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20. First Name _____ Last Name _____
21. First Name _____ Last Name _____
22. First Name _____ Last Name _____
23. First Name _____ Last Name _____
24. First Name _____ Last Name _____

Please photo-copy form for additional teams.